

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

SANDRA E. FLUCK, an individual,)	
)	C.A. No. 06-188
Plaintiff,)	
v.)	
)	NON-ARBITRATION CASE
)	
HOENEN & MITCHELL, INC., a Delaware))	
corporation, BELLA VISTA)	JURY TRIAL DEMANDED
DEVELOPMENT, LLC, a Virginia)	
corporation, BELLA VISTA TOWNHOME)	
CONDOMINIUM ASSOCIATION, INC., a)	
Delaware Corporation, RE/MAX REALTY)	
GROUP, a Delaware franchise, and)	
WILLIAM J. MITCHELL, a individual,)	
)	
Defendants.)	

DEFENDANT'S INTERROGATORIES DIRECTED TO PLAINTIFF

Pursuant to the provisions of Superior Court Civil Rule Number 33, the defendants hereby request that the plaintiff respond separately, fully, in writing and under oath to the following written interrogatories. The information provided in the interrogatory answers should include information known to or available to the plaintiff and her attorneys and staff.

1. Provide the full names, telephone numbers and addresses of all persons on the scene at the time of the incident.

ANSWER:

2. Provide the full names, telephone numbers and addresses of all persons whom you believe witnessed the fall.

ANSWER:

3. Provide the full names, telephone numbers and addresses of all persons whom you believe have knowledge of how the incident happened to include all persons present at the accident scene within one-half hour or who investigated the incident.

ANSWER:

4. For each plaintiff state:
- a. Your full name,
 - b. All names by which you have been known,
 - c. Your date of birth, and
 - d. Your social security number.

ANSWER:

5. If you, your attorney, or anyone on your behalf has interviewed any witnesses or any persons having knowledge of the facts of the incident or of any facts thought to be relevant to the circumstances of the incident or the plaintiff(s) injuries, state:

- a. The full name of the person interviewed,
- b. The telephone number and address of the person interviewed,
- c. The date or dates of the interview,
- d. The name, address, and telephone number of the persons having any written or recorded record of the interview, and
- e. If you claim that the interview is privileged then state the nature of the privilege.

ANSWER:

6. If you, your attorney, or anyone on your behalf has taken a statement from any person having knowledge of the facts of the incident or the plaintiffs' injuries or you, your attorney, or anyone on your behalf as any knowledge of any statements taken or procured by any other person, state:

- a. The full name of the person interviewed,
- b. The telephone number and address of the person interviewed,
- c. The dates of the statements,
- d. The name, address, and telephone number of any person having a copy of the statement, and
- e. If you claim that the statement is privileged then state the nature of the privilege.

ANSWER:

7. Provide the name and address of all physicians or medical care providers whom you consider or have considered to be your family doctor from twenty (20) years before the accident to the present.

ANSWER:

8. If you are or have been a member of a health maintenance organization (HMO) or managed care facility state:

- a. The name and address of the organization or facility,
- b. Your policy, client or patient number, and
- c. The inclusive dates of membership in each such organization.

ANSWER:

9. State in detail, and without reference to other documents and records, all physical injuries, mental or emotional injuries, illnesses, complaints, or diseases which you claim to have sustained as a result of the incident upon which the complaint is based.

ANSWER:

10. Provide the names and addresses of all health care providers including, but not limited to, physicians, chiropractors, physical therapists, psychologists or psychiatrists, who have examined or

treated from the date of the incident to the present for any injuries which you claim to have suffered as a result of the incident.

ANSWER:

11. Provide the names and addresses of all health care providers including, but not limited to, physicians, chiropractors, physical therapists, psychologists or psychiatrists, who have examined or treated you from the date of the incident to the present for any injuries, illness, or diseases which you do not claim to be related to any injury claimed as a result of the incident.

ANSWER:

12. Provide the names and addresses of all medical or psychiatric institutions to which you have been admitted since the date of the incident for injuries said to have been suffered as a result of the incident, and as to each such admission state the inclusive dates of the admission.

ANSWER:

13. As to each health care provider identified in response to Interrogatory No. 10, state:
a. The last date on which you were treated or examined by such health care provider, and
b. The names of each health care provider with whom you have treated in the last six months.

ANSWER:

14. Provide the names and addresses of all hospitals, mental health facilities or other medical organizations to which you were admitted within twenty (20) years before the date of the incident for injuries, diseases, mental or emotional difficulties, alcohol or drug abuse and provide the inclusive dates of admission.

ANSWER:

15. If you were or are under the care of any physician, mental health provider, chiropractor or any other type of health care provider in the ten years before the incident to the present state:

- a. The type of injury, disease or illness suffered,
- b. The name and address of the health care provider.

ANSWER:

16. If you have fully recovered from any of the injuries, illnesses, diseases, mental, emotional, or psychological difficulties which you claim to have suffered in the accident state the injuries from which you have recovered and the approximate date of the recovery.

ANSWER:

17. If you contend that you will be required to undergo any future medical or psychological treatment, state:

- a. The name and address of the health care provider who has advised you that you will require such treatment,
- b. A description of the type of treatment that you have been advised you will need, and
- c. If the need for future treatment has been stated in writing a sufficient description of the writing so that it may be identified, i.e, report of Dr. Jones dated December 7, 1941, etc.

ANSWER:

18. If you contend that you will be required to undergo any future surgical or invasive treatment, state:

- a. The name and address of the health care provider who has advised you that you will require such treatment,
- b. A description of the type of surgery or invasive procedure that you will require,
- c. The date or dates on which you will require such treatment, and
- d. If the need for the future treatment or invasive procedure has been stated in writing a sufficient description of the writing so that it may be identified.

ANSWER:

19. State whether any diagnostic studies to include X-rays, MRIs, CAT Scans, PET Scans, EEGs, EMG and Nerve Conduction Studies, Discograms or other studies have been done in connection with your injuries, and, if so, state:

- a. The type of study,
- b. The date of the study, and
- c. The name and address of the facility in which the diagnostic study was performed.

ANSWER:

20. Have you ever made a claim for worker's compensation? If so, state:

- a. The name and address of your employer at the time of the injury,
- b. The date of the injury,
- c. The name and address of the worker's compensation insurance carrier at the time of the injury,
- d. The portion or portions of your body injured,
- e. The name of your attorney at the time of the injury or claim, and
- f. The state in which any documents pertaining to any worker's compensation settlement are filed.

ANSWER:

21. After the date of the incident involved in this case, were you injured in any manner whatsoever, to include motor vehicle accidents, slips and falls, sports accidents, etc.? If so, state:

- a. The date of the injury,
- b. The portion or portion of the body injured,
- c. The names and addresses of all medical care facilities or providers treating you for the injuries, and
- d. If suit was filed as a result of the injuries, the caption of the case, the civil action or file number, your attorney for the suit, and the name of the court in which the suit was filed, or
- e. If no suit was or has been filed but a claim has been made then the name, address, and file number of the entity or insurer against whom the claim was made.

ANSWER:

22. If you have coverage available to you for the incident upon which this action is based, state:

- a. The names, addresses, and policy numbers of all insurers providing the available coverage.
- b. The name, address, telephone number of the adjuster handling your claim,
- c. The file or claim number, and
- d. The policy limits of all No-Fault or Personal injury Protection policies available or claimed to be available to you for the accident.

ANSWER:

23. If you contend that coverage is not available either because the coverage had been exhausted, the time limits had been met or you had been disqualified for any reason, state:

- a. The date upon which the coverage was exhausted,
- b. The reason or reasons given by the carrier for the denial of all or any portion of your claim; and
- c. The name, address and telephone or any person or persons advising you that your claim has been denied.

ANSWER:

24. If you claim the right to recover medical or other out of pocket expenses, state:

- a. The type of expense,
- b. The amount,
- c. The date incurred,

- d. The name and address of the person or organization to whom it was incurred, and
- e. A description of the good or services for which the expense was incurred.

ANSWER:

25. If you claim the right to recover medical or any other expenses in the future as a result of the injuries or losses suffered as a result of the incident which is the subject of this litigation, state:

- a. The approximate date when such expense will be incurred,
- b. The nature of the treatment or the reason for the expense,
- c. The name, address and telephone number of the person advising you that such expense will be incurred, and
- d. If the need for the future expense has been stated in writing then a sufficient description of the writing so that it may be identified.

ANSWER:

26. State the name, address, and professional specialty of every expert retained or employed by you in anticipation of this litigation or preparation for trial and whether or not you expect to call him or her as a witness at trial, and as to each, state:

- a. The dates of the initial employment,
- b. The date or dates of any reports, draft reports, letters, memoranda, or writing described in sufficient detail so that a request may be made for such document, and
- c. Whether such expert also rendered any service in connection with any aspect of any subject matter involved in this litigation, as, for example, giving medical attention, designing the machinery involved in the incident, drafting or promulgating any rules or regulations relevant to the subject matter of the incident, etc.

ANSWER:

27. With reference to any expert who you expect to call as an expert witness at trial, state:
- a. The name, address, and professional specialty of the expert witness,
 - b. The subject matter on which the expert is expected to testify,
 - c. The substance of the facts and opinions to which the expert is expected to testify,
 - d. A summary of the grounds for each opinion,
 - e. A listing of each document, report, depiction, photograph, writing, book, periodical, memoranda, computer program, or other memorialization upon which the expert relied to render his or her opinion, and
 - f. A description of each document, report, depiction, photograph, writing, book, periodical, memoranda, computer program or other memorialization in sufficient detail so that a request may be made for such item.

ANSWER:

28. If the expert(s) identified in response to Interrogatory No. 25 has discarded or destroyed any reports, notes, field tests, calculations, depictions or other items produced, generated or relied by him or her in the production of his or her report or opinion, state what reports, notes, field tests, calculations, depictions or other items were discarded or destroyed.

ANSWER:

29. If you claim the right to recover for any services, domestic help or the cost of other persons or employees to perform services or work which you would have performed but for the incident, state:
- a. The names, addresses and telephone numbers of the persons or entities,
 - b. The cost(s) of such services, help or persons or employees, and
 - c. The rate or manner in which such payment was made (as, for example, \$10 per hour, \$400 per week, etc.)

ANSWER:

30. To your knowledge, have you or any other person or entity brought any other suits as a result of the incident involved in this case and, if so, state:
- a. The name, address and telephone number of the person or entity bringing suit, and
 - b. The name of the court, the civil action number, and the name of the plaintiff's attorney.

ANSWER:

31. Provide the names and addresses of all employers in the ten years before the incident to include the inclusive dates of all such employments.

ANSWER:

32. Provide the names and addresses of all employers from the date of the incident to the present, and if you contend that you were required to change employments as a result of the injuries sustained in the incident, state the reasons.

ANSWER:

33. If you claim to have suffered a loss of income or wages as a result of the incident which is the subject of this litigation state:

- a. The total amount of lost income or wages which you claim to have lost,
- b. The inclusive dates of the period of time that you claim that you could not be employed as a result of the accident,
- c. How the loss of income was calculated, i.e., \$500 per week for 10 weeks, \$400 for two weeks, and \$300 for six weeks, etc., and
- d. The name and address of the person or organization for whom you were employed or for whom you would have worked but for the accident.

ANSWER:

34. Provide the name, address, and area of professional specialty of all persons who have prepared reports identifying the economic loss, past, present and future, and identify the dates of all such reports.

ANSWER:

35. If you are making a claim for loss of consortium in this case, please state:

- a. The date on which you married the spouse for whom the consortium claim is being made, and
- b. The names, addresses, and dates of marriage of all previous spouses.

ANSWER:

36. Identify by name, address, and telephone number all non-expert witnesses whom you intend to call at trial, and identify the nature of each such persons' testimony.

ANSWER:

37. Provide the names and addresses of all educational institutions that you have attended as follows:

- a. High School,
- b. College or other post-high school educational institutions,
- c. Post graduate schools, and
- d. The inclusive dates of your attendance at each such educational institution.

ANSWER:

38. Do you have any diplomas, certificates, or degrees? As to each such diploma, certificate or degree, state:

- a. The type of document, i.e, diploma, certificate or degree,
- b. The name and address of each conferring institute, and
- c. The date or dates of each diploma, certificate or degree.

ANSWER:

39. If you have ever served in the military, state:

- a. The branch of the military service,
- b. Your service number,
- c. The inclusive dates of your service, and
- d. The nature of your discharge.

ANSWER:

40. State in a narrative fashion and without reference to the complaint how the incident happened.

ANSWER:

41. If you are claiming the right to recover punitive damages, state in narrative fashion, and without reference to the complaint, all facts on which the claim is based, including:

- a. The names, addresses and telephone numbers of all witnesses upon whom you will rely to support the claim and;
- b. All documents that support the claim.

ANSWER:

42. Have you ever been convicted of or pled guilty to a felony which potentially or did involve a sentence of two years or more, or any crime involving falsehood? As to each such crime state:

- a. The nature of the crime,
- b. The plea or verdict,
- c. The sentence,
- d. The names and addresses of the place or places of incarceration, and
- e. The names and addresses of your parole or probation officers.

ANSWER:

/s/ Stephen P. Casarino
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